

# Health Declaration for Darling Downs Bridge Club

**Name:** \_\_\_\_\_

If the answer is YES to any question, **DO NOT PROCEED** into the club premises.

Have you been confirmed with COVID-19 within the last 14 days?	<b>YES</b>	<b>NO</b>
In the last 14 days, have you been in close contact with a confirmed case of COVID-19?	<b>YES</b>	<b>NO</b>
In the last 14 days, have you returned from <b>ANY</b> overseas or interstate hotspot destinations?	<b>YES</b>	<b>NO</b>
In the last 14 days, have you had close contact with someone who has returned from <b>ANY</b> overseas or interstate hotspot destinations?	<b>YES</b>	<b>NO</b>
Have you been directed to isolate by a regulatory authority (eg Commonwealth or State/Territory Department of Health)?	<b>YES</b>	<b>NO</b>
In the last 14 days, have you had close contact with someone with flu-like symptoms (ie fever, cough, sore throat, runny nose, fatigue, difficulty breathing)?	<b>YES</b>	<b>NO</b>
Are you now suffering from flu-like or respiratory symptoms (or have you suffered such symptoms in the last 48 hours)?	<b>YES</b>	<b>NO</b>

**PLEASE CONSIDER:** If you (or any member of your household) suffer from compromised immunity, chronic medical conditions of heart, lungs, kidneys, poorly controlled diabetes, or poorly controlled hypertension (blood pressure), high dose corticosteroids, cancer, you should consider whether attendance is in your/their best interests.

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**Note:** Please self-identify if you have any medical or other condition not listed above that has the potential to compromise the health of yourself, a family member or club members by attending club sessions.

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Please note these definitions when answering the above questionnaire:

- **Flu-like or COVID-19 symptoms** include fever, cough, sore throat, runny or stuffy nose, headache, aches and pains, fatigue, difficulty breathing. It may include loss of taste and/or smell.
- **Close contact** means 15 minutes of more face-to-face (within 1.5 metres) contact with a person, or being in a confined space with a person for 2 hours or more.

I declare that all information given in this declaration is true and correct.

<b>Signature</b>	<b>Date</b>